

MANUAL: FOM 802-1, Psychotropic Medication	JOB AID Children's Foster Care
SUBJECT: Casework practice during inpatient psychiatric admission	New Issue Partial Revision
Contact Office: DHHS Child Welfare Medical Unit Ashley Wills (517) 230-4490 WillsA@michigan.gov	11/30/16 Complete Revision

Overview

When children in foster care are admitted to a psychiatric inpatient treatment facility, their clinical status is severe. Assessment and treatment occurs on an accelerated time frame; therefore close collaboration between the inpatient team, caseworker and family is critical to ensure the well-being of the child. In addition to the primary goal of clinical stabilization, a hospital admission may be complicated by the need to change placements. Regardless of the issues addressed during the admission, the caseworker will play a key role in ensuring that permanency, safety and well-being are addressed.

Admission Determination Process

Children in foster care typically have Medicaid as their primary (and often only) insurance. For Medicaid-covered children, the Community Mental Health Service Provider (CMHSP) under the authority of the Pre-paid Inpatient Health Plan (PIHP) decides if the child's situation meets the medical necessity criteria for admission. An assessment for inpatient psychiatric care may occur at a hospital emergency room, in emergency services at the CMHSP site, or in a psychiatric hospital intake department. Under Michigan policy, this assessment for inpatient care must occur within three hours after the CMHSP is notified. Some CMHSP provide the assessment for admission directly, others have contractual relationships with organizations that complete assessments. The team making admission decisions looks at information about the child using many information sources

Information about the child/adolescent

- The child's mental health diagnosis
- The current clinical circumstances especially the risk of harm to self or others
- Deciding if community-based systems and supports can ensure the safety of the child and/or others.

Information Sources

- Youth
- Current caregivers
- Legal parents (if the child is a temporary court ward)
- Caseworker
- Mental and physical health treatment records.

Hospital Placement Process

If the CMHSP decides that inpatient admission is medically necessary, the CMHSP begins contacting hospitals that may accept the child for admission. Whenever possible, a hospital admission close to the child's current family and caregivers is optimal, but sometimes the only available bed may be distant. Finding a hospital bed may also present a challenge, especially when the child's clinical needs require substantial direct support; e.g. 1:1 or 2:1 staffing by hospital personnel.

Hospital Admission – Signing the admission documentation

Under the Michigan Mental Health Code, a child may be taken to a hospital or CMHSP emergency services to maintain safety during the assessment process, but **involuntary** admission for ongoing inpatient psychiatric treatment for a minor is **not allowed**. The following **must** be present to complete the admission process depending on the legal status of the child:

- Temporary Court Ward - the legal parent/guardian
- Michigan Children's Institute (state) Ward – the current foster care worker
- Permanent Court Ward – court order

NOTE: If a temporary court ward child's legal parents are not available to complete the consent for admission, or will not agree to admission, there is no other way under current law for that child to be admitted, so engagement of parents is critical.

NOTE: if the hospital is distant from the child's home, the hospital **MAY** allow for verbal consent for admission until the admission paperwork can be signed.

MiSACWIS hospital admission documentation and notification of the Foster Care Psychotropic Medication Oversight Unit (FC-PMOU)

Within one business day of admission, the caseworker must

- Change the living arrangement to "hospital" and service type to "psychiatric" in MiSACWIS per FOM 903-7 "Temporary Breaks/Bed Hold Payments" Medical and Psychiatric Hospitalization section
- Contact the FC-PMOU by email (PsychotropicMedicationInformedConsent@michigan.gov) or by calling the hotline (1-844-764-7668)
- Provide the child's MA beneficiary ID, and the name of the hospital to which the child was admitted. If sending the information by email – put "hospital admission" in the subject line and the remainder of the information in the body of the email

NOTE: If emailing from outside of the SOM firewall, no protected health information should go in the subject line, and the email should be encrypted.

NOTE: The caseworker should inform the child's caregivers (foster parents or CCI staff) that the caseworker must be notified immediately if the child is taken for an assessment for psychiatric hospital admission

Caseworker expectations during admission

From admission to discharge, the caseworker is expected to make **daily** contact with the hospital treatment team. The purpose of the contact is to participate in the treatment team process, to ensure that the legal parents (of a TCW) are engaged in the treatment team process, to ensure that consent for psychotropic medications is obtained per policy, to assist with discharge planning and to ensure that the child's needs are met during the admission and discharge transition; for example, ensuring that a supply of medications is sufficient to last until the first follow up appointment with the next medical provider.

At the time of admission:

- The caseworker should obtain contact information for the child's treatment team:
 - the assigned social worker
 - the psychiatrist and his/her associates (e.g. nurse practitioners, physician assistants)
 - the nursing supervisor (or charge nurse), who can provide the name of the nurse working with the child (nursing assignments change from shift to shift)
- The caseworker should provide:
 - his/her contact information (mobile phone/email/fax)
 - current contact information for the child's legal parent (if TCW)
 - contact information for the child's mental health treatment team and primary care provider.
 - an updated medical passport
 - the most recent valid psychotropic medication consent document (DHS-1643 or other approved consent)
- The caseworker should ensure that the legal parent (for TCW) or they (for MCI ward) signs a consent for release of information for the current mental health and primary care teams.

During hospital care:

- At each daily contact the caseworker should ask about:
 - the child's current clinical status (safety, progress on treatment goals)
 - success/challenges in obtaining information from other current treatment providers
 - success/challenges in engaging legal parents (for TCW) in treatment
 - changes in treatment including psychotropic medications
 - current discharge planning recommendations
 - scheduling of any treatment team meetings, including who should be present
- The caseworker should expect to be a part of treatment team meetings during admission, and to work closely with the hospital on placement after discharge. This will be particularly important if the child will not be returning to the same placement (foster parents home or CCI) as prior to the hospital admission. Treatment team meetings may serve as an FTM if needed.